

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5		4				
6		4				
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13						
14		3				
15	1					
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22	1					
23		1				
24		1				
25						
26		2				
27	1					
28		1				
29	1					
30		1				
31		2				
32		2				
33		1				
34		2				
35		2				
36		2				
37	1					
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	1				
TOTAL DEP.	43	1				
TOTAL CLAIMS	52	1				

	IND	DEF	IND	DEF	IND	DEF
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEF.						
TOTAL CLAIMS.						